

**COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983**

Name ARMSTRONG ANDREW E  
 (Last) (First) (Initial)

Prisoner Number H-44225

Institutional Address CTF NORTH FACILITY/RA-251 P.O. BOX 705  
SOLEDAD, CA 93960-0705

**UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA**

ANDREW EMIL ARMSTRONG  
 (Enter the full name of plaintiff in this action.)

vs.

B. CURRY, WARDEN  
J. CHUDY, M.D. CHIEF MEDICAL OFFICER  
I. GREWAL, M.D.  
S. MORRIS, R.N., ULANDAY, M.D.  
 (Enter the full name of the defendant(s) in this action)

Case No. \_\_\_\_\_  
 (To be provided by the clerk of court)

**COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 42 U.S.C §§ 1983**

*[All questions on this complaint form must be answered in order for your action to proceed..]*

**I. Exhaustion of Administrative Remedies**

**[Note:** You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement CTF-SOLEDAD

B. Is there a grievance procedure in this institution?

YES (X) NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES(x) NO ( )

D. If your answer is YES, list the appeal number and the date and result of the appeal at

each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal BYPASS

2. First formal level GRANTED-SEPTEMBER 23, 2006 LOG. No.06-02632

3. Second formal level GRANTED-OCTOBER 31, 2006

4. Third formal level DENIED-OCTOBER 18, 2007

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (XX) NO ( )

F. If you did not present your claim for review through the grievance procedure, explain

why. N/A

## II. Parties

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

ANDREW E. ARMSTRONG, P.O. BOX 705 RA-251 SOLEDAD CA 93960-0705

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

B. CURRY, WARDEN

J. CHUDY, M.D., CHIEF MEDICAL OFFICER

I. GREWAL, M.D., STAFF PHYSICIAN AND SURGEON

ULANDAY, M.D., STAFF PHYSICIAN

S. MORRIS, R.N., UTILIZATION MANAGEMENT NURSE (ALL EMPLOYED AT CTF)

### III. Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

IT IS APPELLANT'S CLAIM THAT HE IS BEING DENIED ADEQUATE MEDICAL CARE AND ADEQUATE ADMINISTRATIVE DUE PROCESS FOR ADJUDICATION OF MEDICAL CARE BY CORRECTIONAL TRAINING FACILITY (CTF) FOR LOSS OF VISION IN HIS LEFT EYE. APPELLANT CONTEND THAT DEFENDANTS GREWAL AND CHUDY FOUND THAT HE HAS ["DYSFUNCTION OF LEFT OPTIC NERVE". (CAUSING BLINDNESS) IN LEFT EYE]. PLAINTIFF CONTEND THAT THESE DEFENDANT'S EXAMINATIONS FAILED TO DETERMINE ADEQUATELY THE CAUSE OF SAID DYSFUNCTION IN A MANNER WHICH WOULD AND COULD APPROPRIATELY RECOMMEND PROPER TREATMENT. APPELLANT CONTENDS THAT DEFENDANT ULANDAY IMPROPERLY PRESCRIBE GLAUCOMA MEDICATION WHEN SAID DEFENDANT KNEW APPELLANT DID NOT HAVE GLAUCOMA. THIS DEFENDANT FURTHER FAILED TO ADEQUATELY EXAMINE APPELLANT TO EXPLAIN THE LOSS VISION. APPELLANT CONTEND THAT DEFENDANT MORRIS HAS BEEN AWARE THAT HIS MEDICAL CONDITION HAS A THIRTEEN YEAR HISTORY YET PROVIDES "NO TREATMENT" (SEE ATTACHED SHEET)

### IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

1. THAT PLAINTIFF IS EXAMINED BY COMPETENT MEDICAL PERSONELL TO DETERMINE THE EXACT CAUSE OF HIS LOSS OF VISION. 2. COMPENSATORY DAMAGES ACCORDING TO PROOF FOR EACH DEFENDANT LIABLE (NO LESS THAN 25,000.00) 3. SPECIAL DAMAGES ACCORDING TO PROOF FOR EACH DEFENDANT LIABLE (NO LESS THAN 100,000.00) 4. COST OF SUIT, INCLUDING LEGAL FEES. 5. THAT PLAINTIFF BE TRANSFERED TO VACAVILLE STATE PRISON "MEDICAL FACILITY" THAT ACCOMMODATE SIGHT IMPARED INMATES.

STATEMENT OF CLAIMS CONTINUES:

AND "CONSERVATIVE MANAGEMENT" FOR A MEDICAL CONDITION THAT HAS BEEN INADEQUATELY DIAGNOSED AND INADEQUATELY ADMINISTRATIVELY ADJUDICATED BY CTF. BASED UPON A VAGUE MEDICAL REPORT ISSUED BY DR. DEL PIERO.

PLAINTIFF ALLEGES THE FOLLOWING:

(1) DEFENDANTS SYSTEMATIC AND/OR GROSS DEFICIENCIES IN STAFFING, FACILITIES, EQUIPMENT AND PROCEDURES ARE CONTRIBUTORY TO PLAINTIFFS LACK OF ADEQUATE MEDICAL CARE.

(2) DEFENDANTS FAILED TO OBTAIN PROFESSIONAL JUDEMENT TO ADEQUATELY AND PROPERLY ASSESS PLAINTIFFS FAILING EYE SIGHT.

(3) PLAINTIFF WAS DENIED ACCESS TO MEDICAL PERSONNELL QUALIFIED TO EXERCISE JUDEMENT WITH THE NECESSARY SPECIALIZED EXPERTISE.

(4) DEFENDANTS FAILED TO CONDUCT TESTS THAT PLAINTIFF'S SYMPTOMS CALL FOR.

(5) THAT PLAINTIFF'S FAILING EYESIGHT SIGNIFICANTLY AFFECTS HIS DAILY ACTIVITIES.

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4 I declare under penalty of perjury that the foregoing is true and correct.  
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6 Signed this 4<sup>th</sup> day of December, 2007  
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8 Andrew E. Armstrong  
9 (Plaintiff's signature)  
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1 December 4, 2007

2 Clerk of the United States District Court  
3 Northern District of California  
4 450 Golden Gate Avenue, Box 36060  
5 San Francisco, CA 94102

6 **RE: Request to Proceed In Forma Pauperis In Case of Andrew Armstrong v. B.**  
7 **Curry, Warden et. al.**

8 Dear Sir/Madam Clerk,

9 Enclosed, you shall find an Original of a Civil Complaint pursuant to  
10 42 U.S.C. §§ 1983 (entitled "Andrew E. Armstrong v. B. Curry et. al.") for  
11 your filing and processing. However, while relevant and applicable rules  
12 require any prisoner/person desiring to proceed as an indigent  
13 prisoner/party to file an In Forma Pauperis Application along with a  
14 complaint. I am nonetheless precluded from personally and directly filing  
15 herewith the requisite In Forma Pauperis Application due to the local  
16 promulgated policy implemented by my current place of incarceration.

17 Particularly, the abovesaid "policy" requires that I submit the In  
18 forma Pauperis Application directly to the Inmate Trust Account Office  
19 (here at my current place of incarceration) where then, staff therein will  
20 process the application and thereafter, forward such application thereto  
21 the appropriate court of which it is designated to go to. Being so, I am  
22 now apprising you of the latter so as to inform you that providing that the  
23 application does not arrive there to the court simultaneously with the  
24 enclosed complaint, it is presumably enroute at this time and shall arrive  
25 soon. Accordingly, I implore upon you to bear with any delays and  
26 inconvenience this "process" may cause and to likewise, process my  
27 complaint accordingly.

28 Thank you in advance for your consideration and understanding in this  
matter. I shall confide that you will accommodate me as so requested.

Very Sincere,



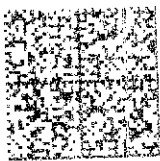
ANDREW ARMSTRONG H-44225  
P.O. BOX 705 RA-251  
SOLEDAD, CA 93960-0705

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Soledad, CA 93960-0705

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RICHARD B. WIERING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA



PRO SE

Clerk of the United States District Court  
Northern District of California  
450 Golden Gate Avenue, Box 36061  
San Francisco, CA 94102